

**BOARD OF HEALTH**  
**TOWN OF LANESBOROUGH**  
Newton Memorial Town Hall  
PO Box 1492  
Lanesborough, MA 01237  
Tel (413) 442-1167  
Fax (413) 443-5811

**FEE - \$125.00**

**2016 Application For A Solid Waste And Recycling Hauler's License**

Company Name: \_\_\_\_\_

Owner / Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Federal ID/SS#: \_\_\_\_\_

Years Company has been in business: \_\_\_\_\_

If partnership or corporation list names, addresses, percentage of ownership, and class of stock held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicles: Type

Capacity

Plate #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby agrees to comply with all the Laws, Rules, and Regulations of the Commonwealth of Massachusetts (MGL Ch. 111, Section 31A) and the TOWN OF LANESBOROUGH Board of Health governing the removal, transport, and disposal of refuse and recyclable materials and is aware that failure to comply with said rules, laws and regulations could result in suspension or revocation of permits herewith applied for. Any substantial changes must be immediately reported to the Board of Health and these changes may be the basis for revocation of the permit if so deemed by the Board of Health.

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Signature of Owner or Corporate Officer

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Date

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Application approved by

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Date

**ATTACHMENT A**  
**HAULER ANNUAL REPORTING FORM**

HAULER: \_\_\_\_\_

MONTHS: \_\_\_\_\_

TOWN SERVED: \_\_\_\_\_

| CATEGORY          | CUSTOMER<br>COUNT | MSW TONS | PAPER<br>RECYCLE | CONTAINER<br>RECYCLE | OTHER<br>RECYCLE | TOTAL<br>TONS |
|-------------------|-------------------|----------|------------------|----------------------|------------------|---------------|
|                   |                   |          |                  |                      |                  |               |
| SINGLE<br>FAMILY  |                   |          |                  |                      |                  |               |
| MULTI -<br>FAMILY |                   |          |                  |                      |                  |               |
| APARTMENT         |                   |          |                  |                      |                  |               |

Note: Tonnage can be reported as per-unit average

NAME

LOCATION

Disposal Site(s) For Solid Waste: \_\_\_\_\_

Market or Processing Site(s) for Recyclables:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_